No. 300
10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED SEP 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28767

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 13068 Registrar's No. 2016

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Maplewood
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): near 8200 Shamwood

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: 600
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 7102 Winona

3. NAME OF DECEASED (Type or Print)
a. (First): LYDIA
b. (Middle):
c. (Last): GERHARD

4. DATE OF DEATH (Month) 8 (Day) 19 (Year) 49

5. SEX: F

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH:

9. AGE (In years last birthday): 82 ? IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired photographer

10b. KIND OF BUSINESS OR INDUSTRY: unknown

11. BIRTHPLACE (State or foreign country): St. Louis

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: PETER JOSEPH GERHARD

13b. MOTHER'S MAIDEN NAME: LOUISE RINGHAUSEN

14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE OR NAME: MRS. MAMIE GERHARD HAWLEY
ADDRESS: 4450 Lindell

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractures of skull & extremities & avulsion of brain-struck by passenger train

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: E 8 08

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): R.R. right-of-way

21c. (CITY, TOWN, OR TOWNSHIP) Maplewood, (COUNTY) St. Louis, (STATE) Mo.

21d. TIME OF INJURY (Month) 8 (Day) 19 (Year) 49 (Hour) P.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? See above. 126

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Arnold J. Willmann M.D. Coroner

23b. ADDRESS: Clayton, Mo.

23c. DATE SIGNED: 8/20/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

24b. DATE: 8/20/49

24c. NAME OF CEMETERY OR CREMATORY: Valhalla

24d. LOCATION (City, town, or county) (State): St. Louis County, Mo.

DATE REC'D BY LOCAL REG.: 8-20-49

REGISTRAR'S SIGNATURE: Herbert R. Hendelson

25. FUNERAL DIRECTOR'S SIGNATURE: Alexander Sons

ADDRESS: 6175 Delmar Blvd

(Licensed Embalmer's Statement on Reverse Side)

3-C

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by .....

..... Student Embalmer No. .....

working under my personal supervision.

No Embalming

Student .....
Student Embalmer

Signed Jos. E. McCullah

Licensed Embalmer No. 2460

P. O. Address 6175 Delmar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.